

Case Number:	CM14-0028113		
Date Assigned:	06/13/2014	Date of Injury:	10/02/2013
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65-year-old male with a date of injury of 10/02/2013. The listed diagnoses per [REDACTED] are: 1. Sprain of unspecified site of knee and leg; 2. Pain in joint involving lower leg. According to progress report 01/27/2014 by [REDACTED], the patient presents with knee pain over the medial epicondyle. The patient reports there are periods where he feels better and other times where it is quite limiting. Examination revealed some swelling and prominence of the medial epicondyle with tenderness. There is discomfort with varus and valgus stress. Treater is recommending the patient continue with physical therapy and a "platelet-rich plasma injection into the area of the medial epicondyle of the distal femur." Utilization review denied the request on 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

4 Platelet Rich Plasma Injections to the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 01/20/14) Platelet-rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Platelet-rich plasma (PRP).

Decision rationale: This patient presents with left knee pain over the medial epicondyle. MRI of the left knee from 10/10/2013 documented acute moderate strain of the distal portion of the left semimembranosus muscle with moderate associated hemorrhage. There was an acute partial tear of the proximal fibers of the left medial collateral ligament. On 01/27/2014, the patient continued to complain of left knee pain with swelling and prominence of the medial epicondyle with tenderness. The treater is requesting "4 platelet-rich plasma injections to the left knee." The ACOEM and MTUS Guidelines do not discuss platelet-rich plasma injections to the knee. Therefore, ODG Guidelines are referenced. ODG Guidelines under the knee and leg chapter has the following regarding platelet-rich plasma (PRP), "under study, this small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at 6 months after physical therapy was added." In this case, ODG Guidelines states platelet-rich plasma injections are still under study and may be indicated for "chronic refractory patellar tendinopathy" and only after "previous classical treatments have failed." This patient has a date of injury of 10/02/2013 and is currently participating in physical therapy. While the patient has a ligamental tear and may be indicated for this type of injection, the guidelines do not support series of injections. This request is not medically necessary.